

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2008 MAY 20 AM 11:01

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Anesthesia Service Medical Group Good Gov't Fund - Federal

ADDRESS (number and street)

7185 Navajo Road, Suite L

Check if different  
than previously  
reported. (ACC)

San Diego

CA

92119

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

C00216184

3. **IS THIS REPORT** ☒ **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT**  
(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)  
July 15  
Quarterly Report(Q2)  
October 15  
Quarterly Report(Q3)  
January 31  
Quarterly Report(YE)

(b) Monthly Report Due On:  
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☒ Primary (12P) General (12G) Runoff (12R)  
Convention (12C) Special (12G)

Election on 06 03 2008 in the State of CA

(d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 04 01 2008 through 05 14 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer C. April Boling, CPA

Signature of Treasurer

Date 05 16 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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**FEC FORM 3X**  
(Rev. 12/2004)

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